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ABSTRACT

This resource aid is designed to provide some materials relevant to screening students experiencing mental health, psychosocial, and substance abuse problems. Section 1, "Initial Problem Identification," is a summary of indicators designed for use as a handout. An overview that can be used to educate staff, older students, and parents on identifying mental health problems is provided. Specific focus is on indications of substance abuse. A checklist is included as an aid in describing an identified problem, with record keeping forms for case monitoring. Section 2, "The Screening Process," outlines the type of information useful in pursuing a student's problem, specific topics to explore, 10 points for interviewing a student, along with an interview format. Section 3, "Tools for Screening," includes sample questionnaires for students and parents; student self-report; substance abuse checklist; suicidal assessment checklist; child-youth community functions evaluations; and descriptions of the Children's Depression Inventory, Child Behavior Checklist, Conners Rating Scale, and a substance abuse screening test. (MKA)


# *From the Center's Clearinghouse ...**

A Resource Aid Packet on

# Screening/Assessing Students: Indicators and Tools



*The Center is co-directed by Howard Adelman and Linda Taylor and operates under the auspices of the School Mental Health Project, Dept. of Psychology, UCLA, Los Angeles, CA 90095-1563 -- Phone: (310) 825-3634.
Support comes in part from the Department of Health and Human Services, Public Health Service, Health Resources and Services Administration, Maternal and Child Health Bureau, Office of Adolescent Health.

# UCLA CENTER FOR MENTAL HEALTH IN SCHOOLS


Under the auspices of the School Mental Health Project in the Department of Psychology at UCLA, our center approaches mental health and psychosocial concerns from the broad perspective of addressing barriers to learning and promoting healthy development. Specific attention is given policies and strategies that can counter fragmentation and enhance collaboration between school and community programs.

**MISSION:** ***To improve outcomes for young people by enhancing policies, programs, and practices relevant to mental health in schools.***

**Through collaboration, the center will**

- **enhance practitioner roles, functions and competence**
- **interface with systemic reform movements to strengthen mental health in schools**
- **assist localities in building and maintaining their own infrastructure for training, support, and continuing education that fosters integration of mental health in schools**

***Consultation Cadre*** ***Clearinghouse***

***Newsletter*** ***National & Regional Meetings***

***Electronic Networking***

***Guidebooks*** ***Policy Analyses***

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*In 1996, two national training and technical assistance centers focused on mental health in schools were established with partial support from the U.S. Department of Health and Human Services, Public Health Service, Health Resources and Services Administration, Maternal and Child Health Bureau, Office of Adolescent Health. As indicated, one center is located at UCLA; the other is at the University of Maryland at Baltimore and can be contacted toll free at 1-(888) 706-0980.

U.S. Department of Health & Human Services
Public Health Service
HRSA
Health Resources & Services Administration
Maternal & Child Health Bureau
Office of Adolescent Health

(1/98)

# What is the Center's Clearinghouse?

The scope of the Center's Clearinghouse reflects the School Mental Health Project's mission -- to enhance the ability of schools and their surrounding communities to address mental health and psychosocial barriers to student learning and promote healthy development. Those of you working so hard to address these concerns need ready access to resource materials. The Center's Clearinghouse is your link to specialized resources, materials, and information. The staff supplements, compiles, and disseminates resources on topics fundamental to our mission. As we identify what is available across the country, we are building systems to connect you with a wide variety of resources. Whether your focus is on an individual, a family, a classroom, a school, or a school system, we intend to be of service to you. Our evolving catalogue is available on request; eventually it will be accessible electronically over the Internet.

## What kinds of resources, materials, and information are available?

We can provide or direct you to a variety of resources, materials, and information that we have categorized under three areas of concern:

- Specific psychosocial problems
- Programs and processes
- System and policy concerns

Among the various ways we package resources are our *Introductory Packets, Resource Aid Packets, special reports, guidebooks*, and *continuing education units.* These encompass overview discussions of major topics, descriptions of model programs, references to publications, access information to other relevant centers, organizations, advocacy groups, and Internet links, and specific tools that can guide and assist with training activity and student/family interventions (such as outlines, checklists, instruments, and other resources that can be copied and used as information handouts and aids for practice).

## Accessing the Clearinghouse

- E-mail us at **smhp@ucla.edu**
- FAX us at (310) 206-8716
- Phone (310) 825-3634
- Write School Mental Health Project/Center for Mental Health in Schools, Dept. of Psychology, Los Angeles, CA 90095-1563

Check out recent additions to the Clearinghouse on our Web site
**http://smhp.psych.ucla.edu**

All materials from the Center's Clearinghouse are available for a minimal fee to cover the cost of copying, handling, and postage. Eventually, we plan to have some of this material and other Clearinghouse documents available, at no-cost, on-line for those with Internet access.

*If you know of something we should have in the clearinghouse, let us know.*

U.S. Department of Health & Human Services
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# Preface

Those of you working so hard to address barriers to student learning and promote healthy development need ready access to resource materials. The Center's Clearinghouse supplements, compiles, and disseminates resources on topics fundamental to enabling students to learn. Among the various ways we package resources are our *Resource Aid Packets.*

*Resource Aid Packets* are designed to complement our series of Introductory Packets. These resource aids are a form of *tool kit* related to a fairly circumscribed area of practice. The packets contain materials to guide and assist with staff training and student/family interventions. They include overviews, outlines, checklists, instruments, and other resources that can be reproduced and used as information handouts and aids for training and practice.

This Resource Aid on *Screening and Assessing Students: Indicators and Tools* is divided into three sections:

> The first offers aids for *initial problem identification*, including outlines of basic indicators, a model format for requesting assistance, and a process for initial case monitoring.
>
> Section II provides guides related to *understanding* the *screening* process.
>
> The third section contains a sample of screening tools/ instruments -- some focused on general mental health and psychosocial concerns and others dealing with special problems, including AD-HD, substance abuse, suicide assessment, and crisis screening.

There is a strong emphasis on early identification to prevent problems from escalating.

# SCREENING/ASSESSING STUDENTS: INDICATORS AND TOOLS*

Professionals focusing on psychosocial and mental health concerns in schools need a tool box full of resources. As the title states, this resource aid is designed to provide some resources relevant to screening students experiencing problems.

## Section I

### *Initial Problem Identification*

In this section, you will find

(1) **Being Alert to Indicators of Psychosocial and Mental Health Problems**

This summary of indicators is designed for use as a handout. It provides an overview that can be used to educate others (staff, older students, parents) on what to look for in identifying mental health problems.

(2) **Being Specifically Alert to Substance Abuse Indicators**

This summary focuses specifically on indicators of substance abuse. It can be used as a handout to educate others (staff, older students, parents) on what to look for related to behaviors and mood.

(3) **Request for Assistance in Addressing Concerns about a Student/Family**

This is a checklist to aid in describing an identified problem. It exemplifies the type of a form that can be made available to school staff so that they can inform appropriate staff about someone they have identified as having problems that might warrant further screening.

(4) **Record of Response to Request for Assistance in Addressing Concerns about a Student/Family**

This is a record keeping form for initial case monitoring.

(5) **Record of Contact with Referrer**

This short form is designed for use in reporting back to the individual who made the request for assistance. Minimally, such a referrer should be told that the request was acted upon. As appropriate, the staff member should be told what was done. And if the staff member is to be part of a team that helps the student, the individual will need to know anything of relevance that was learned from the screening.

## Section II

### *Screening Process*

In this section, you will find

(1) **Exploring the Problem with the Student/Family**

This is a general guide designed to provide an overview of the types of information you might pursue to learn a bit more about a student's problem.

(2) **Outline of Specific Areas and Topics that Might be Explored to Better Understand the Nature and Scope of Problems**

This aid provides an outline to guide an intervener in exploring key facets of a young person's life, especially those areas that may be a source of trouble.

(3) **A Few Guidelines for Interviewing**

Ten points to keep in mind as you set out to do an interview.

(4) **A Basic Interview Format**

A generic set of steps to follow in conducting an interview with a student identified as a problem at school.

## Section III

### *Tools for Screening.*

Often it is feasible to directly discuss matters with a student and arrive at a reasonable picture of problems and next steps. When students are uncertain or reluctant to share their concerns or a staff member is somewhat inexperienced, a semi-structured instrument can be helpful in exploring the matter with the student. To provide additional data, a parent questionnaire or an extensive student self-report can be useful. Behavior rating instruments provide another basis for gathering information on students from a variety of sources (e.g., parents, teachers). And screening of suicide risk and for post-crisis trauma often require a more specialized focus. Finally, it helps to have a checklist that gives a functional picture of the student's problems and service needs.

In this section, you will find

(1) an **Initial Counseling Interview** (for use with all but very young students)

(2) a **Student Initial Questionnaire** (for use with young students)

(3) a **Sentence Completion Instrument for Students**

(4) a brief description of the **Children's Depression Inventory (CDI)**

(5) a **Parent/Guardian Questionnaire**

(6) a **Student Self-Report of Current Personal Status**

(7) a brief description of the

- **Child Behavior Checklist (CBCL)**
- **Conners Rating Scales**

(8) a **Substance Abuse Checklist**

(9) **Information on a Sample of Substance Abuse Assessment Tools**

(10) a **Suicidal Assessment -- Checklist** (with an accompanying checklist of steps to follow when a student is thought to be a suicidal risk)

(11) a **Crisis Screening Interview**

(12) a **Child/Youth Community Functioning Evaluation**

*For a fuller discussion of assessment related to psychosocial and mental health concerns in schools, you may want to obtain a copy of the introductory packet on *Assessing to Address Barriers to Student Learning* -- available from the Center for Mental Health in Schools at UCLA.

## Screening: A Note of Caution

Formal screening to identify students who have problems or who are "at risk" is accomplished through individual or group procedures. Most such procedures are *first-level* screens and are expected to *over identify* problems. That is, they identify many students who do not really have significant problems (false positive errors). This certainly is the case for screens used with infants and primary grade children, but false positives are not uncommon when adolescents are screened. Errors are supposed to be detected by follow-up assessments.

Because of the frequency of false positive errors, serious concerns arise when screening data are used to diagnose students and prescribe remediation and special treatment. Screening data primarily are meant to sensitize responsible professionals. No one wants to ignore indicators of significant problems. At the same time, there is a need to guard against tendencies to see *normal variations* in student's development and behavior as problems.

Screens do not allow for definitive statements about a student's problems and need. At best, most screening procedures provide a preliminary indication that something may be wrong. In considering formal diagnosis and prescriptions for how to correct the problem, one needs data from assessment procedures that have greater validity.

It is essential to remember that many factors found to be symptoms of problems also are common characteristics of young people, especially in adolescence. This means *extreme caution* must be exercised to avoid misidentifying and inappropriately stigmatizing a youngster. *Never* overestimate the significance of a few indicators.

Section I

# *Initial Problem Identification*

In this section, you will find

(1) **Being Alert to Indicators of Psychosocial and Mental Health Problems**

This summary of indicators is designed for use as a handout. It provides an overview that can be used to educate others (staff, older students, parents) on what to look for in identifying mental health problems.

(2) **Being Specifically Alert to Substance Abuse Indicators**

This summary focuses specifically on indicators of substance abuse. It can be used as a handout to educate others (staff, older students, parents) on what to look for related to behaviors and mood.

(3) **Request for Assistance in Addressing Concerns about a Student/Family**

This is a checklist to aid in describing an identified problem. It exemplifies the type of a form that can be made available to school staff so that they can inform appropriate staff about someone they have identified as having problems that might warrant further screening.

(4) **Record of Response to Request for Assistance in Addressing Concerns about a Student/Family**

This is a record keeping form for initial case monitoring.

(5) **Record of Contact with Referrer**

This short form is designed for use in reporting back to the individual who made the request for assistance. Minimally, such a referrer should be told that the request was acted upon. As appropriate, the staff member should be told what was done. And if the staff member is to be part of a team that helps the student, the individual will need to know anything of relevance that was learned from the screening.

## Being Alert to Indicators of Psychosocial and Mental Health Problems*

No one should be overzealous in seeing normal variations in student's development and behavior as problems. At the same time, school professionals don't want to ignore indicators of significant problems. The following are meant only to sensitize responsible professionals. They should not be seen as a check list.

If a student is of significant concern, a request should be made to an appropriate person on the school staff who can do some further screening/assessment.

**If they occur frequently and in a variety of situations and appear rather serious when you compare the behavior with other students the same age**, the following behaviors may be symptomatic of significant problems.

**Emotional appearance**

(Emotions seem excessive. Displays little affect. Very rapid shifts in emotional state.)

- very unhappy, sad, teary, depressed, indicates a sense of worthlessness, hopelessness, helplessness
- very anxious, shy
- very afraid, fearful
- can't seem to control emotions
- doesn't seem to have feelings

**Personal Actions**

(Acts in ways that are troublesome or troubling)

- very immature
- frequent outbursts/temper tantrums, violent
- often angry
- cruel to animals
- sleep problems and/or nightmares
- wetting/soiling at school
- easily distracted
- impulsive
- steals
- lies often
- cheats often
- destroys things
- accident prone
- unusual, strange, or immature speech patterns
- often doesn't seem to hear
- hurts self, self-abusive
- easily becomes overexcited
- truancy, school avoidance
- trouble learning and performing
- eating problems
- sets fires
- ritualistic behavior
- seizures
- isolates self from others
- complains often about physical aches and pains
- unaccounted for weight loss
- substance abuse
- runs away

**Interactions with others**

(Doesn't seem interested in others. Can't interact appropriately or effectively with others.)

- doesn't pay attention
- cruel and bullying
- highly manipulative
- alienates others
- has no friends
- refuses to talk
- promiscuous
- excessively reactive and resistant to authority
- highly aggressive to others -- physically, sexually

**Indicators of Unusual Thinking**

(Has difficulty concentrating. May express very strange thoughts and ideas.)

- worries a lot
- doesn't stay focused on matters
- can't seem to concentrate on much
- preoccupied with death
- seems to hear or see things, delusional

*Additional indicators for problems (such as depression in young people) are available through a variety of resources -- see aid packet on *Resource Materials and Assistance*.

## Being Specifically Alert to Substance Abuse Indicators

It is essential to remember that many of the symptoms of substance abuse are common characteristics of young people, especially in adolescence. This means *extreme caution* must be exercised to avoid misidentifying and inappropriately stigmatizing a youngster. *Never* overestimate the significance of a few indicators.

The type of indicators usually identified are

- a *prevailing pattern* of unusual and excessive behaviors and moods
- recent *dramatic* changes in behavior and mood.

School staff and those in the home need to watch for

- poor school performance; skipping or ditching school
- inability to cope well with daily events
- lack of attention to hygiene, grooming, and dress
- long periods alone in bedroom/bathroom apparently doing nothing
- extreme defensiveness; negative attitudes; dissatisfied about most things; argumentative
- frequent conflicts with others; verbally/physically abusive
- withdrawal from long-time friends/family/activities
- disregard for others; extreme egocentricity
- taking up with new friends who may be drug users
- unusual tension or depressed states
- seems frequently confused and "spacey"
- often drowsy
- general unresponsiveness to what's going on (seems "turned off")
- increasing need for money; disappearance of possessions (e.g., perhaps sold to buy drugs); stealing/shoplifting
- excessive efforts to mislead (lying, conning, untrustworthy, insincere)
- stooped appearance and posture
- dull or watery eyes; dilated or pinpoint pupils
- sniffles; runny nose
- overt indicators of substance abuse (e.g., drug equipment, needle marks)

In the period just after an individual has used drugs, one might notice mood and behavioral swings -- first euphoria, perhaps some unusual activity and/or excessive talking, sometimes a tendency to appear serene, after a while there may be a swing toward a depressed state and withdrawal. Sometimes the individual will stare, glassy-like at one thing for a long time.

To be more specific about a few indicators of abuse categorized by some common substances that are abused:

### *Amphetamines (stimulants)*

- excessive activity
- rapid speech
- irritability
- appetite loss
- anxiety
- extreme moods and shifts
- erratic eating and sleeping patterns
- fatigue
- disorientation and confusion
- increased blood pressure and body temp.
- increased respiration
- increased and irregular pulse
- tremors

### *Cocaine (stimulant, anesthetic)*

- short-lived euphoria followed by depression
- nervousness and anxiety
- irritability
- shallow breathing
- fever
- tremors
- tightening muscles

### *Inhalants*

- euphoria
- intoxicated look
- odors
- nausea
- drowsiness
- stupor
- headaches
- fainting
- poor muscle control
- rapid heartbeat
- anemia
- choking

### *Cannabinoids (e.g., marijuana, hash, THC)*

- increased appetite initially
- decreased appetite with chronic use
- euphoria
- decreased motivation for many activities
- apathy, passivity
- decreased concentration
- altered sense of time and space
- inappropriate laughter
- rapid flow of ideas
- anxiety; panic
- irritability, restlessness
- decreased motor skill coordination
- characteristic odor on breath and clothes
- increased pulse rate
- droopy, bloodshot eyes
- irregular menses

### *Narcotics (e.g., opium, heroin, morphine, codeine, methadone, and other pain killers)*

extreme mood swings
poor concentration
confusion
insensitivity to pain
drowsiness/decreased respiration
slow, sallow breathing
decreased motor coordination
itchiness
watery eyes/pinpoint pupils
lethargy
weight loss
decreased blood pressure
possible needle marks
as drug wears off nausea & runny nose

### *Barbiturates, sedatives, tranquilizers (CNS depressants)*

decreased alertness
intoxicated look
drowsy
decreased motor coordination
slurred speech
confused
extreme mood swings
erratic eating and sleeping patterns
dizzy
cold, clammy skin
decreased respiration and pulse
dilated pupils
depressed mood state
disinhibition

### *Hallucinogens (effecting perceptions; e.g., PCP, LSD, mescaline)*

extreme mood alteration and intensification
altered perceptions of time, space, sights, sounds, colors
loss of sense of time, place, person
decreased communication
panic and anxiety
paranoia
extreme, unstable behaviors
restlessness
tremors
nausea
flashbacks
increased blood pressure
impaired speech
impaired motor coordination
motor agitation
decreased response to pain
watery eyes

## Request for Assistance in Addressing Concerns about a Student/Family

Extensive assessment is not necessary in initially identifying a student about whom you are concerned. Use this form if a student is having a *significant* learning problem, a *major* behavior problem, or seems *extremely* disturbed or disabled.

Student's Name _____ Date:_____

To: _____ Title: _____

From: _____ Title: _____

**Apparent problem** (check all that apply):

___ physical health problem (specify) _____

___ difficulty in making a transition
( ) newcomer having trouble with school adjustment ( ) trouble adjusting to new program

___ social problems
( ) aggressive ( ) shy ( ) overactive ( ) other _____

___achievement problems
( ) poor grades ( ) poor skills ( ) low motivation ( ) other _____

___ major psychosocial or mental health concern

| | | |
|---|---|---|
| ( ) drug/alcoh. abuse | ( ) pregnancy prevention/support | ( ) self esteem |
| ( ) depression/suicide | ( ) eating problems (anorexia, bulim.) | ( ) relationship problems |
| ( ) grief | ( ) physical/sexual abuse | ( ) anxiety/phobia |
| ( ) dropout prevention | ( ) neglect | ( ) disabilities |
| ( ) gang involvement | ( ) reactions to chronic illness | |

Other specific concerns

**Current school functioning and desire for assistance**

Overall academic performance
( ) above grade level ( ) at grade level ( ) slightly below grade level ( ) well below grade level

Absent from school
( ) less than once/month ( ) once/month ( ) 2-3 times/ month ( ) 4 or more times/month

Has the student/family asked for:

| | | |
|---|---|---|
| information about service | Y | N |
| an appointment to initiate help | Y | N |
| someone to contact them to offer help | Y | N |

If you have information about the cause of a problem or other important factors related to the situation, briefly note the specifics here (use the back of the sheet if necessary).

6

## Record of Response to Request for Assistance in Addressing Concerns about a Student/Family

Name of student _____

Name of staff member who made contact with student _____

Date of contact with student _____.

The following are the results of the contact:

Follow-up needed? Yes ___ No ___

_____

If follow-up:

Carried out by _____ on _____
(name of staff member)

Results of follow-up:

Was permission given to share information with referrer? Yes ___ No ___

If yes, note the date when the information was shared. _____

If no, note date that the referrer was informed that her/his request was attended to. _____

Section II

# *The Screening Process**

In this section, you will find

(1) **Exploring the Problem with the Student/Family**

This is a general guide designed to provide an overview of the types of information you might pursue to learn a bit more about a student's problem.

(2) **Outline of Specific Areas and Topics that Might be Explored to Better Understand the Nature and Scope of Problems**

This aid provides an outline to guide an intervener in exploring key facets of a young person's life, especially those areas that may be a source of trouble.

(3) **A Few Guidelines for Interviewing**

Ten points to keep in mind as you set out to do an interview.

(4) **A Basic Interview Format**

A generic set of steps to follow in conducting an interview with a student identified as a problem at school.

*For a fuller discussion of assessment related to psychosocial and mental health concerns in schools, you may want to obtain a copy of the introductory packet on *Assessing to Address Barriers to Student Learning* -- available from the Center for Mental Health in Schools at UCLA.

## Record of Contact with Referrer

Date: _____

To:

From:

Thank you for your request for assistance for _____.
(name)

A contact was made on _____.

Comments:

## Exploring the Problem with the Student/Family

The following general guide is meant to provide an overview of the types of information you might pursue in order to learn a bit more about a student's problem.

In general, you will want to explore

What's *going well*?

What's *not going so well* and *how pervasive and serious* are the problems?

What seems to be the *causes* of the problems?

What's *already been tried* to correct the problems?

What *should be done* to make things better?

(What does the student/family think should be done? Do the causes shed any light on what needs to be done? Does what's already been tried shed any light? What are the student/family willing to try? How much do they truly think that things can be made better?)

The following pages outline specific areas and topics that might be explored in understanding the nature and scope of the problem(s). This is followed by a few examples of the many tools that are available to structure interviews.

Obviously, in a brief session, only a limited amount of information can be gathered. Choices must be made based upon your understanding of the problem(s) identified and the population you serve.

Remember, if you are going to do a formal interview with a student about psychosocial/mental health concerns, you usually will need both a signed informed consent from a parent or legal guardian. And, even if it is required, it is good practice to get the student's assent as well.*

*Your school may want to obtain a copy of the introductory packet on *Confidentiality and Informed Consent* -- available from the Center for Mental Health in Schools at UCLA.

## Outline of Specific Areas and Topics that Might be Explored to Better Understand the Nature and Scope of Problems

To explore what's going well and what's not, you will want to ask about current status related to various aspects of a student's daily life. To this end, Henry Berman, MD, proposes an approach to interviewing that he calls HEADS (Home, Education, Activities, Drugs, and Sexuality). This acronym is meant to guide the interviewer in exploring key facets of a young person's life, especially those that may be a source of trouble.

Borrowing and adding to this framework, the following areas and topics might be explored with respect to current status. *Where problems are identified, past circumstances related to the area and topic can be further discussed to help clarify duration, possible causes, and past or current efforts to deal with them.*

**Home & Health?**

***Place of residence?***

Where does the student live and with whom?
Physical conditions and arrangements in the residence?
Family status, relationships, and problems? (separation, loss, conflict, abuse, lack of supervision and care, neglect, victimization, alienation)

***Physical health?***

Developmental problems?
Somatic complaints?
accident proneness?
Indications of physical or sexual abuse?
Indications of eating problems?
Recent physical injury/trauma?

***Emotional health?***

Anxieties?
Fears?
Frustration?
Anger?
Frequent and extreme mood swings?
Self-image? (degree of: perceived sense of competence/efficacy; sense of worth; feelings of personal control over daily events; feelings of dependency on others; gender concern; self-acceptance; defensiveness)
Isolation or recent loss?
Hopes and expectations for the future?
If unhappy, is s/he depressed?
If depressed, is s/he suicidal?
psychic trauma?
symptoms of mental illness? (hallucinations, delusions)

**Education?**

***School functioning?***

School attended, grade, special placement?
Learning? (level of skills)
Performance? (daily effort and functioning, grades)
Motivation? (interests, attendance)

***Relationships at school?***

Behavior? (cooperation and responsiveness to demands and limits)
Special relationships with any school staff? (anyone really liked or hated)

Plans for future education and vocation?

**Activities?**

***Types of interests?*** (music, art, sports, religion, culture, gang membership)

***Responsibilities?*** (caring for siblings, chores, job)

***Relationships with peers?***

Any close friends?
Separation/loss?
Conflict?
Abuse?
Neglect?
Victimization?
Alienation?

***Relationships with other adults?***

***Involvement with the law?***

***How individual usually spends time?***

**Drugs?**

***Substance use? abuse?***

**Sexuality?**

*Active sexually?* (informed about pregnancy and STD prevention?)

*Considering becoming active sexually?*

*Is, has been, or currently wants to be pregnant?*

You will also want to use the contact to **observe** aspects of the student/family that can shed additional light on these matters. These include

Appearance: dress, grooming, unusual physical characteristics

Behavior: activity level, mannerisms, eye contact, manner of relating to parent/therapist, motor behavior, aggression, impulsivity

Expressive Speech: fluency, pressure, impediment, volume

Thought Content: fears, worries preoccupations, obsessions, delusions, hallucinations

Thought Process: attention, concentration, distractibility, magical thinking, coherency of associations, flight of ideas, rumination, defenses (e.g., planning)

Cognition: orientation, vocabulary, abstraction, intelligence

Mood/Affect: depression, agitation, anxiety, hostility absent or unvarying; irritability

Suicidality/Homicidality: thoughts, behavior, stated intent, risks to self or others

Attitude/Insight/Strengths: adaptive capacity, strengths and assets, cooperation, insight, judgement, motivation for treatment

In assessing possibilities and motivation for addressing problems, you will want to explore

- desirable and desired, long-terms outcomes
- barriers that may interfere with reaching such outcomes
- immediate needs and objectives for intervention.

And you will want to clarify the student's, parents', and school's role in the process, and any other assistance that is needed, feasible, and desired.

## A Few Guidelines for Interviewing

(1) Use a private space.

(2) Start out positive and always convey a sense of respect. (Ask about the good things that may be going on in the student's life, and express an appreciation for these.)

(3) Start slowly, use plain language, and invite, don't demand or be too directive and controlling. In this regard, the initial emphasis is more on conversation and less on questioning.

(4) Indicate clear guidelines about confidentiality (Is it safe for the individual to say what's on his/her mind?)

(5) Convey that you care (empathy, warmth, nurturance, acceptance, validation of feelings, genuine regard).

(6) Be genuine in your demeanor and conversation.

(7) With students who are reluctant to talk, start with relatively nonverbal activity, such as drawing and then making up a story or responding to survey questions that involve choosing from two or more read responses. With younger students, you can also try some "projective questions," such as "If you had three wishes...", "If you could be any animal...", "If you could be any age ...", "If you were to go on a trip, who would you want to go with you?" and so forth. There are also published games designed to elicit relevant concerns from children.

(8) In exploring concerns, start with nonsensitive topics.

(9) Listen actively (and with interest) and at first go where the individual is leading you.

(10) To encourage more information, use open-ended questions, such as "What was happening when she got angry at you?" and indirect leading statements, such as "Please tell me more about..." or direct leading statements such as "You said that you were angry at them?" (Minimize use of questions that begin with "Why;" they often sound confrontative or blaming?)

## A Basic Interview Format

***Start out on a positive note***

- Ask about the good things that may be going on in the student's life (e.g., Anything going on at school that s/he likes? Interests and activities outside of school?)

***Slowly transition to concerns***

- Ask about any current concerns (e.g., troubles at school? at home? in the neighborhood? with friends?)
- Explore what the student/family think may be causing the problem(s).
- Explore what the student/family think should be done to make things better.
- Explore what the student/family might be willing to try in order to make things better.

***Expand exploration to clarify current status, problems and their causes related to***

- home situation and family relationships
- physical health status
- emotional health status
- school functioning, attitudes, and relationships
- activities and relationships away from school

***If appropriate and feasible explore sensitive topics***

- involvement with gangs and the law
- substance use
- sexuality

***Add any favorite items you think are helpful.***

***Move on to explore***

- What's already been tried to correct the problems
- What the student/family think should be done to make things better and are willing to try

***Finally***

- Clarify whether they truly think that things can be made better.

## Initial Counseling Interview

(for use with all but very young students)

Interviewer _____ Date_____

Note the identified problem:

Is the student seeking help? Yes No

If not, what were the circumstances that brought the student to the interview?

_____

Questions for student to answer:

Student's Name _____ Age _____ Birthdate _____

Sex: M F Grade _____ Current Placement _____

Ethnicity _____ Primary Language _____

We are concerned about how things are going for you. Our talk today will help us to discuss what's going O.K. and what's not going so well. If you want me to keep what we talk about secret, I will do so -- except for those things that I need to discuss with others in order to help you.

(1) How would you describe your current situation? What problems are you experiencing? What are your main concerns?

(2) How serious are these matters for you at this time?

| 1 | 2 | 3 | 4 |
|---|---|---|---|
| very serious | serious | Not too serious | Not at all serious |

(3) How long have these been problems?

___ 0-3 months ___4 months to a year ____more than a year

## Section III

# *Tools for Screening**

Often it is feasible to directly discuss matters with a student and arrive at a reasonable picture of problems and next steps. When students are uncertain or reluctant to share their concerns or a staff member is somewhat inexperienced, a semi-structured instrument can be helpful in exploring the matter with the student. To provide additional data, a parent questionnaire or an extensive student self-report can be useful. Behavior rating instruments provide another basis for gathering information on students from a variety of sources (e.g., parents, teachers). And screening of suicide risk and for post-crisis trauma often require a more specialized focus. Finally, it helps to have a checklist that gives a functional picture of the student's problems and service needs.

In this section, you will find

(1) an **Initial Counseling Interview** (for use with all but very young students)

(2) a **Student Initial Questionnaire** (for use with young students)

(3) a **Sentence Completion Instrument for Students**

(4) a brief description of the **Children's Depression Inventory (CDI)**

(5) a **Parent/Guardian Questionnaire**

(6) a **Student Self-Report of Current Personal Status**

(7) a brief description of the

- **Child Behavior Checklist (CBCL)**
- **Conners Rating Scales**

(8) a **Substance Abuse Checklist**

(9) a brief description of a published **Substance Abuse Screening Test**

(10) a **Suicidal Assessment -- Checklist** (with an accompanying checklist of steps to follow when a student is thought to be a suicidal risk)

(11) a **Crisis Screening Interview**

(12) a **Child/Youth Community Functioning Evaluation**

*For a fuller discussion of assessment related to psychosocial and mental health concerns in schools, you may want to obtain a copy of the introductory packet on *Assessing to Address Barriers to Student Learning* -- available from the Center for Mental Health in Schools at UCLA.

(4) What do you think originally caused these problems?

(5) Do others (parents, teachers, friends) think there were other causes? If so, what they say they were?

(6) What other things are currently making it hard to deal with the problems?

(7) What have you already tried in order todeal with the problems?

(8) Why do you think these things didn't work?

(9) What have others advised you to do?

(10) What do you think would help solve the problems?

(11) How much time and effort do you want to put into solving theproblems?

| 1 | 2 | 3 | 4 | 5 | 6 |
|---|---|---|---|---|---|
| not at all | not much | only a little bit | more than a little bit | quite a bit | very much |

If you answered 1, 2, or 3, why don't you want to put much time and effort into solving problems?

(12) What type of help do you want?

(13) What changes are you hoping for?

(14) How hopeful are you about solving the problems?

| 1 | 2 | 3 | 4 |
|---|---|---|---|
| very hopeful | somewhat | not too | not at all hopeful |

If you're not hopeful, why not?

(15) What else should we know so that we can help?

Are there any other matters you want to discuss?

## Student Initial Questionnaire
(for use with very young students)

Interviewer _____ Date_____

Note the identified problem:

Is the student seeking help? Yes No

If not, what were the circumstances that brought the student to the interview?

_____

Questions for student to answer:

Student's Name _____ Age _____ Birthdate _____

Sex: M F Grade _____ Current Placement _____

Ethnicity _____ Primary Language _____

We are concerned about how things are going for you. Our talk today will help us to discuss what's going O.K. and what's not going so well. If you want me to keep what we talk about secret, I will do so -- except for those things that I need to discuss with others in order to help you.

(1) Are you having problems at school? ___Yes ___No
If yes, what's wrong?

What seems to be causing these problems?

(2) How much do you like school?

| 1 | 2 | 3 | 4 | 5 | 6 |
|---|---|---|---|---|---|
| not at all | not much | only a little bit | more than a little bit | Quite a bit | Very much |

What about school don't you like?

What can we do to make it better for you?

(3) Are you having problems at home? ___Yes ___No
If yes, what's wrong?

What seems to be causing these problems?

(4) How much do you like things at home?

| 1 | 2 | 3 | 4 | 5 | 6 |
|---|---|---|---|---|---|
| not at all | not much | only a little bit | more than a little bit | Quite a bit | Very much |

What about things at home don't you like?

What can we do to make it better for you?

(5) Are you having problems with other kids? ___Yes ___No
If yes, what's wrong?

What seems to be causing these problems?

(6) How much do you like being with other kids?

| 1 | 2 | 3 | 4 | 5 | 6 |
|---|---|---|---|---|---|
| not at all | not much | only a little bit | more than a little bit | Quite a bit | Very much |

What about other kids don't you like?

What can we do to make it better for you?

(7) What type of help do you want?

(8) How hopeful are you about solving the problems?

| 1 | 2 | 3 | 4 |
|---|---|---|---|
| very hopeful | somewhat | not too | not at all hopeful |

If you're not hopeful, why not?

(9) What else should we know so that we can help?

Are there any other things you want to tell me or talk about?

## A Sentence Completion Instrument for Students

Name _____ Date_____

Age _____ Birthdate _____

To complete the following sentences, write down the first thought that comes to your mind. (Items can be read to the student and responses recorded if necessary.)

(1) I wish I could _____

(2) I think I am a _____

(3) In school, my teacher _____

(4) I wish my friends would_____

(5) I don't like others who _____

(6) When nobody cares, I _____

(7) I don't like school because _____

(8) I like myself when _____

(9) I want my mother to _____

(10) I don't like to _____

(11) I like others who _____

(12) I am scared by _____

(13) Brothers are _____

(14) Being an only child _____

(15) When I am sick _____

(16) The worst thing I ever did _____

(17) Sisters are _____

(18) I feel worse when_____

(19) My friends don't understand that _____

(20) I like computer games because _____

(21) I want my father to _____

(22) I wish my mother would _____

(23) I cry when _____

(24) Making friends is hard if _____

(25) When I get mad, I _____

(26) When mom and dad fight _____

(27) I like girls who _____

(28) When I am punished, I usually _____

(29) My father makes me angry when _____

(30) Other people would hate me if _____

(31) Nobody can force me to _____

(32) I was bawled out when _____

(33) Being told what to do is _____

(34) The best thing about getting older is _____

(35) I like cartoons (tv, movies, funnies) because _____

(36) I wish I were younger because _____

(37) My mother makes me angry when _____

(38). It isn't right for students to _____

(39) The worst thing about getting older _____

(40) Grownups make me mad when _____

(41) I remember when I _____

(42) When I grow up I _____

## Brief Description of Copyrighted Instrument

### Children's Depression Inventory (CDI)

Developed by Kovacs and Beck (1977) for use with children (6-18 years of age), this instrument is probably the most commonly used tool to look at severity of symptoms. It is not a diagnostic procedure. That is, just because a student scores high doesn't mean they are clinically depressed. It does mean they have a lot of concerns that need to be discussed. The survey has 27 items. For each item the student has 3 choices from which to select. For example, "(a) Things bother me all the time, (b) Things bother me many times, (c) Things bother me once in a while." The inventory has good internal reliability. The CDI items and administrator instructions can be found in J.G. Schulterbrandt and A. Raskin (1977). *Depression in children: Diagnosis, treatment, and conceptual models*. NY: Raven Press. The CDI is published by Multi-Health Systems, Inc., 908 Niagara Falls Blvd., North Tonawanda, NY 14120-2060. Phone number: (800) 456-3003.

## Parent/Guardian Questionnaire

It will help us to discuss matters if you will take some time to respond to the following items. You can do this on your own or we can do it together.

Our policy is to treat your responses as confidential, for use only by those professionals working to help your youngster. Exceptions to confidentiality, of course, must be made in cases where a child has been abused or is at a serious risk of harming self or others.

Student's Name _____ Date _____

Birthdate _____ Grade _____

Your Name _____ Relationship to student _____

Who does the student live with (check all that apply)

____ mother ____ father ____ step mother ____ step father

____ grandmother ____ grandfather ____ other relative (specify)_____

____ foster family ____ Other (specify) _____

Is the student adopted? ___Yes ____No

**School Situation**

What are your concern's about the student's schooling?

**Home Situation**

When was the last time you moved? _____

How often have you moved in the last 3 years? _____

Have any of the following occurred?

| | Yes | No | When? |
|---|---|---|---|
| parents separated or divorced | ___ | ___ | _____ |
| a death or other major loss | ___ | ___ | _____ |

other major events that may have upset the student

*Specify* *Date*

What does the student do at home that concerns you?

What current or past events or problems at home do you think may have caused the student to act in ways that concern you?

When the student does something wrong, how is s/he disciplined?

When not at school, what types of things does s/he usually do? How does she spend her time?

What are her/his special interests?

What, if any, are her/his chores and responsibilities?

**Health Situation**

Has the student ever been hospitalized? ____Yes ____No
*Specify problem* *Dates*

Student's **major** current or past **physical health** problems (if any)
*Specify problem* *Dates*

Student's current or past **mental health** problems (if any)
*Specify problem* *Dates*

What medications does the student take?

Has the student ever had a special

educational exam? ___Yes ____No

psychological exam? ___Yes ____No

neurological exam? ___Yes ____No

Has the student ever experienced a major physical injury and trauma? ____Yes ____No
*Specify* *Dates*

Has the student ever experienced a major psychological trauma? ____Yes ____No
*Specify* *Dates*

**Many of the following will not apply to your child. We ask them of everyone so that we will not miss something of importance.**

Does the student have a job? ___Yes ____No
If so, what is it and how m any hours does s/he work?

Student's current or past problems with drugs, alcohol, or other substances:
*Specify problem* *Dates*

Student's current or past involvement with gangs:
*Specify problem* *Dates*

Student's current or past problems with the law:
*Specify problem* *Dates*

Has there ever been a report made that the student was abused? ____Yes ____No

Some older students are active sexually:

Is this the case with your child? ____Yes ____No

If not, do you think s/he may become active soon? ____Yes ____No

Does the student have a good understanding about pregnancy and disease prevention? ____Yes ____No

Has s/he been involved with a pregnancy? ____Yes ____No

**Finally, what are some specific matters you want to discuss?**

**Student Self-Report of Current Personal Status**
(If the student wants, the items can be read aloud by an interviewer.)

Date_____ Are you seeking help? Yes No

Student's Name _____ Age _____ Birthdate _____

Sex: M F Grade _____

Ethnicity _____ Primary Language _____

We are concerned about how things are going for you. The following questions will help us learn what's going O.K. and what's not going so well. If you want us to keep your answers secret, we will do so -- except for those things that we need to discuss with others in order to help you. Please try to answer all of the questions. If there is a question you do not understand, circle the question number and we will explain it to you later. If you don't want to answer a specific question, you don't have to.

1. What are your favorite activities and sports?

2. What do you like best about school?

3. What don't you like about school?

4. Do you plan to graduate from high school?
___yes ___no ___don't know

5. Do you plan to attend college?
___yes ___no ___don't know

6. What type of job are you preparing yourself for?

7. How do you and your parents get along? (Check one)

___good ___some problems ___a lot of problems ___don't have any parents

8. How do you and your brothers or sisters get along? (Check one)

___good ___some problems ___a lot of problems ___don't have any parents

9. Do you have a real close friend? ___ yes ___ no

10. Do you have a boyfriend/girlfriend of the opposite sex? ___ yes ___ no

11. How much TV do you watch a day?
___none ___less than 1 hour ___1 to 2 hours
___3-4 hours ___more than 4 hours

12. Think about things that have happened over the last 12 months. Look over the following items, and check **each** thing that has happened to you during that time.

| | YES | NO |
|---|---|---|
| a. got one or more failing grades on a report card. | ___ | ___ |
| b. had a problem with alcohol or drugs | ___ | ___ |
| c. a divorce, separation or death in your family | ___ | ___ |
| d. lost a close friend or relationship | ___ | ___ |
| e. was involved in a serious crime | ___ | ___ |
| f. had a serious problem getting along with family or others | ___ | ___ |
| g. was involved in a violent fight. | ___ | ___ |
| h. had some other serious problem or loss | ___ | ___ |

13. Last semester you got

____ mostly D's and F's ____ mostly B's and C's

____ mostly C's and D's ____mostly A's and B's

14. About how many days were you absent last semester? _____
About how many of these days were you actually sick? _____

15. About how many classes did you cut (skip -- not go to) last semester? _____

16. Are you receiving special help in school with your classwork? ___yes ___no

**Most teenagers go through hard times when they feel nervous, depressed, angry or upset.**

17. During the past month, how often did you feel nervous or "stressed out"?

____Never ___Several times
____Once or twice ___Almost everyday

18. During the past month, how often did you feel depressed?

____Never ___Several times
____Once or twice ___Almost everyday

19. During the past month, how often did you have trouble sleeping at night?

____Never ___Several times
____Once or twice ___Almost everyday

20. How often do you think about hurting yourself?

___Often ___Sometimes ___Never

21. How often do you think of ending your life?

___Often ___Sometimes ___Never

22. How happy are you with the way things are going in your life?

___Very ___Somewhat ___Not at all ___Don't know

22. How often, if ever, do you do the things below? (In answering, **circle** the number for each item)

| | Never | Once in a while, | About Once a Week | Several Times a Week | Every Day |
|---|---|---|---|---|---|
| a. drink beer, wine or hard liquor? | 1 | 2 | 3 | 4 | 5 |
| b. smoke cigarettes? | 1 | 2 | 3 | 4 | 5 |
| c. smoke marijuana (pot)? | 1 | 2 | 3 | 4 | 5 |
| d. use a drug by needle? | 1 | 2 | 3 | 4 | 5 |
| e. use cocaine or crack? | 1 | 2 | 3 | 4 | 5 |
| f. use heroine? | 1 | 2 | 3 | 4 | 5 |
| g. take LSD (acid)?. | 1 | 2 | 3 | 4 | 5 |
| h. use PCP (angel dust)? | 1 | 2 | 3 | 4 | 5 |
| i. sniff glue (huff)? | 1 | 2 | 3 | 4 | 5 |
| j. use speed | 1 | 2 | 3 | 4 | 5 |

23. Have you ever gone to a counselor to discuss problems you were having?
___yes ___no ___don't remember

24. Would you be interested in seeing a counselor to discuss problems?
___yes ___no ___don't know

25. Would you be interested in participating in group "rap" sessions?
___yes ___no ___don't know

Students often have questions or concerns about many things. Is there anything in particular that you want to discuss with someone?

**Thank You For Completing This Survey**

**(Use of the following questions depends on existing school policy and obviously are not meant for all students.)**

26. Have you ever had sexual intercourse (done it, had sex)? _____Yes ____No

If you have **never** had sexual intercourse (done it, had sex), we would appreciate your answering the following items. (You can check as many reasons as are true.)

You have **never** had sexual intercourse (never done-it or had sex) because

___(a) It is wrong to have sex before marriage
___(b) My church says it is wrong outside of marriage
___(c) I am just not ready
___(d) I am waiting for the right person to do it with
___(e) I am waiting until I get married
___(f) I am waiting until I get older
___(g) I don't want to get pregnant/get someone pregnant
___(h) I don't want to get a disease
___(i) I don't want to get AIDS
___(j) My parents would be very upset if I did
___(k) I would be embarrassed to have sex
___(l) I don't have a girl/boyfriend to have sex with
___(m) I don't know how to get protection
___(n) I would be embarrassed to get protection
___(o) I would be embarrassed to use protection
___(p) I don't have enough money to buy protection
___(q) Using protection might make me sick or mess up my body
___(r) Other reason (what:

If you have **never** had sexual intercourse (done it, had sex), we would appreciate your answering the following items.

27. Did you or your partner use anything or do anything to stop a pregnancy from happening the last time you had intercourse (did it, had sex)?
____Yes ____No

If **YES**,

What kind of protection or method of birth control did you or your partner use? (You can check as many reasons as are true.)

___(a) Birth control pills
___(b) Condoms (rubbers) alone
___(c) Birth control pills with condoms (rubbers)
___(d) Condoms (rubbers) with foam, jelly, cream or inserts
___(e) Foam, jelly, cream or inserts alone
___(f) IUD (loop, coil)
___(g) Diaphragm
___(h) Rhythm (have sex only during the safe time of the month)
___(i) Withdrawal (pulling out before sperm comes out)
___(j) Douche (washing out after sex)
___(k) Sponge
___(1) Other (what: _____)

If NO,

What are the reasons you and your partner **did not** use protection or do something to stop a pregnancy from happening the last time you had intercourse (did it, had sex)? (You can check as many reasons as are true.)

___(a) I just didn't think I would get pregnant (get my partner pregnant)
___(b) I didn't think I had sex often enough to get pregnant (get my partner pregnant)
___(c) I didn't expect to have sex, it was a surprise
___(d) I/my partner wants to get pregnant
___(e) It is wrong to use protection
___(f) I didn't know how to get protection
___(g) I left it up to my partner to do something
___(h) My partner refused or didn't want us to use protection
___(i) I thought any parents had to be told
___(j) I was afraid my family would find out if I used protection
___(k) I thought it was dangerous to use protection
___(l) I felt uncomfortable going to a strange clinic
___(m) I was afraid to be examined
___(n) I just didn't get around to it
___(o) The protection I (my partner) used before gave us problems
___(p) I was embarrassed to get protection
___(q) I was embarrassed to use protection
___(r) Other (what: _____)

28. Have you ever had VD or a sexually transmitted disease?

____Yes ____ No ____not sure

If YES (Check as many reasons as are true.)

(1) Gonorrhea (clap)
(2) Herpes
(3) Syphilis
(4) Chlamydia (NG)
(5) Trichomoniasis (trick)
(6) Yeast infection
(7) Other types Names:_____)
(8) I don't know the names

**MALES ONLY:**

29. Are any of your girlfriends pregnant by you right now?

____Yes ____No ____Don't know

30. Have other girlfriends become pregnant by you? _____Yes ___No ____don't know
If yes, How many? _____

31. How many children do you have? _____

(CHECK HERE ___IF YOU DO NOT KNOW)

**THANK YOU FOR COMPLETING THIS SURVEY**

---

**FEMALES ONLY:**

29. Are you pregnant right now?

____Yes ___No ____Don't know

30. How many times have you been pregnant? _____ times

31. How many children do you have? _____

**THANK YOU FOR COMPLETING THIS SURVEY**

## Brief Description of Copyrighted Instruments

Behavior rating instruments provide another basis for gathering information on students from a variety of sources (e.g., parents, teachers). Many instruments are available, some better than others. The better ones are relatively reliable and useful in providing information on the severity and pervasiveness of behavior problems; some also provide useful information on positive functioning. Such instruments can be helpful in diagnosing psychological disorders, but alone they have limited diagnostic validity. Two of the most commonly used ones are briefly described here in case you want to pursue them.

### Child Behavior Checklists (CBCL)

Developed by Achenbach and Edelbrock (1983), this has become one of the most used set of behavioral instruments for assessing children's behavior problems (nine areas) and social competencies (three areas). Used with children aged 4 to 16, it focuses on problem behavior areas that carry the following descriptive (not diagnostic) labels -- Depressed, Social Withdrawal, Somatic Concerns, Schizoid/Obsessive, Hyperactive, Sex Problems, Delinquent, Aggressive, and Cruel. In general, the behaviors measured differentiate *externalizing* behavior (directed outward -- poor behavior control, etc.) and *internalizing* behavior (directed inward -- anxiety, depression, etc.). Scores for problem areas are meant to distinguish (a) withdrawn behavior, (b) somatic complaints, (c) anxious/depressed, (d) social problems, (e) thought problems, (f) attention problems, (g) delinquent behavior, (h) aggressive behavior, and (i) sex problems. Areas of social competency are descriptively labeled to distinguish school, social, and activity settirgs. A profile is plotted to provide percentile ranks and T-scores for the student's performance. The accompanying manual discusses scoring and interpretation. Machine scoring has also been developed. Test-retest reliabilities are reported at .89 for a 1 week interval. The instrument has versions for parents, teachers, and a direct observer. There is also a Youth Self Report form for older students (up to age 18). Available from Thomas Achenbach, Department of Psychiatry, Univ. of Vermont, 1 So. Prospect St., Burlington, VT 05401.

### Conners Rating Scales

This is a general screening instrument with forms for teacher and parent to rate problem behaviors seen as related to attention deficits and hyperactivity. Used with children and youth from 3-17 years of age, it is relatively short and easy to administer. This has made it popular with school personnel.The accompanying manual offers information on scoring and interpretation. This instrument can be purchased from Multi-Health Systems, 908 Niagara Falls Blvd., North Tonawanda, NY 14120-2060. Phone number (800) 456-3003.

## SUBSTANCE ABUSE CHECKLIST*

It is essential to remember that many of the symptoms of substance abuse are common characteristics of young people, especially in adolescence. This means *extreme caution* must be exercised to avoid misidentifying and inappropriately stigmatizing a youngster. *Never* overestimate the significance of a few indicators.

Student's Name _____ Age _____ Birthdate _____

Date: _____ Interviewer _____

(Suggested points to cover with student, parent, other informed sources)

*(1) Substance Use*

*Has the individual used substances in the past?* Y N

*In the last year or so?* Y N

*Does the individual currently use substances?* Y N

| *How often does the individual* | Never | Once in a while, | About Once a Week | Several Times a Week | Every Day |
|---|---|---|---|---|---|
| drink beer, wine or hard liquor? | 1 | 2 | 3 | 4 | 5 |
| smoke cigarettes? | 1 | 2 | 3 | 4 | 5 |
| smoke marijuana (pot)? | 1 | 2 | 3 | 4 | 5 |
| use a drug by needle? | 1 | 2 | 3 | 4 | 5 |
| use cocaine or crack? | 1 | 2 | 3 | 4 | 5 |
| use heroine? | 1 | 2 | 3 | 4 | 5 |
| take LSD (acid)?. | 1 | 2 | 3 | 4 | 5 |
| use PCP (angel dust)? | 1 | 2 | 3 | 4 | 5 |
| sniff glue (huff)? | 1 | 2 | 3 | 4 | 5 |
| use speed? | 1 | 2 | 3 | 4 | 5 |
| other? (specify)_____ | 1 | 2 | 3 | 4 | 5 |

*Has the individual ever had treatment for a substance problem?* Y N

*Has anyone observed the individual with drug equipment, needle marks, etc.?* Y N

*Use this checklist as an exploratory guide with students about whom you are concerned. Because of the informal nature of this type of assessment, it should not be filed as part of a student's regular school records.

### *(2) Recent Dramatic Changes in Behavior and Mood*

*Have there been major changes recently with respect to the individual's*

| | | |
|---|---|---|
| relationship with family members? | Y | N |
| relationship with friends? | Y | N |
| performance at school? | Y | N |
| attendance at school? | Y | N |
| participation in favorite activities? | Y | N |
| attitudes about things in general? | Y | N |

### *(3) Prevailing Behavior and Mood Problems*

*Have any of the following been noted:*

| | | |
|---|---|---|
| poor school performance | Y | N |
| skipping or ditching school | Y | N |
| inability to cope well with daily events | Y | N |
| lack of attention to hygiene, grooming, and dress | Y | N |
| long periods alone in bedroom/bathroom apparently doing nothing | Y | N |
| extreme defensiveness; argumentative | Y | N |
| negative attitudes | Y | N |
| dissatisfied about most things | Y | N |
| frequent conflicts with others | Y | N |
| verbally/physically abusive | Y | N |
| withdrawal from long-time friends | Y | N |
| withdrawal from family | Y | N |
| withdrawal from favorite activities | Y | N |
| disregard for others; extreme egocentricity | Y | N |
| taking up with new friends who may be drug users | Y | N |
| unusual tension or depressed states | Y | N |
| seems frequently confused and "spacey" | Y | N |
| often drowsy | Y | N |
| general unresponsiveness to what's going on (seems "turned off") | Y | N |
| increasing need for money | Y | N |
| disappearance of possessions (e.g., perhaps sold to buy drugs) | Y | N |
| stealing/shoplifting | Y | N |
| excessive efforts to mislead (lying, conning, untrustworthy, insincere) | Y | N |
| stooped appearance and posture | Y | N |
| dull or watery eyes; dilated or pinpoint pupils | Y | N |
| sniffles; runny nose | Y | N |

# INFORMATION ON A SAMPLE OF SUBSTANCE ABUSE ASSESSMENT TOOLS

*Substance abuse usually is defined with respect to an individual's inability to control use and continued use despite adverse consequences.* Assessment tools in this area are meant to help identify these concerns.

In their 1994 measurement review article entitled "Assessing adolescent substance use: A critique of current measurement instruments,"* Leccesse and Waldron conclude that clinicians approaching the task of assessing adolescents are confronted with a dilemma.

> Despite the intensity of investigative efforts, . . . the field of adolescent substance abuse has been characterized as more remarkable for what we do not know than what we do know. This is especially true in the area of assessment. Most instruments are still in the developmental stages and their effectiveness for problem identification, diagnosis, and treatment planning is largely unknown. Moreover, assessment practices in many adolescent treatment facilities seem to involve either unstandardized, locally developed measures or instruments developed and normed for adults. Both of these practices are potentially problematic. . . .

These authors also caution that

> Some ambiguity exists regarding what constitutes problem substance use in adolescents. National survey data show that experimentation with some drugs (e.g., alcohol, Tobacco) is statistically normal. That is, by late adolescence, more youth have tried these substances than have not. In the case of alcohol, 90% of all high school seniors have had some drinking experience. The majority of adolescents who experiment with drugs do not become addicted. Moreover, most adolescents appear to "mature out" of problem use with a sharp drop in drug use after age 21. Alternatively, some researchers have argued that, to a degree, drug use has developmental, adaptational utility for adolescents. For example, substance use could serve to signal independence from parents and identification with peers, or opposition to or deviation from societal norms and values, both of which could be viewed as normal exploration of identity issues.
>
> However, substance use could also serve as an attempt to cope with stress associated with adolescence, or could signal a lack of regulation, reflecting less psychological health. Similarly, used as a method of gaining autonomy, as a method of negative attention seeking or gaining contact with parents, or as a way of influencing family structure, adolescent substance use could be a concomitant of family pathology. . . .
>
> Research findings do suggest that use of substances during the teen years can interfere with crucial developmental tasks . . . (and can) precipitate problems by increasing the likelihood of arrest for substance-related offenses and increasing adolescents' exposure to risky situations such as driving while intoxicated, engaging in unprotected sex, and confronting violent exchanges.

*Source: *Journal of Substance Abuse Treatment, 11*, 553-563. References cited by these authors related to the above points are included at the end of this section.

# A Brief, Annotated Listing of Substance Abuse Assessment Tools

Some of the following are designed as quick screening instruments; others are used either after a youngster is identified by a screening device or in place of screening when feasible. Screening tools are relatively inexpensive and quick to administer, but they also are quite limited in their validity. Moreover, if cut-off scores are set too low, screens detect many youngsters who should not be identified (false positives).

More comprehensive instruments are designed for use in making diagnoses and planning specific interventions. All instruments in this area have limited psychometric validation; a few have generated better data than the rest. Special note is made of those rated in a fairly recent review as being better than the rest in terms of available reliability and validity findings.

## Screening Tools

Unless otherwise indicated, the following are relatively brief, paper and pencil, self-report questionnaires.

*Adolescent Drinking Index* (Psychological Assessment Resources; Harrell & Wirtz, 1989)

Consists of 24 items focusing on loss of control and psychosocial and physical symptoms.

*Adolescent Drug Involvement Scale* (Moberg, 1983)

Adaptation of the Adolescent Involvement Scale (Mayer & Filstead, 1979) to focus more broadly on general substance abuse; includes a frequency of use checklist.

*Client Substance Index* (Olympic Counseling Services; Moore, 1983)

Consists of 113 items designed to measure 28 chemical dependency symptoms outlined by Jellinek. Scores are converted into 4 categories -- no problem, misuse, abuse, and chemically dependent.

*Drug Abuse Screening Test* -- Adolescent version (Skinner, unpublished)

Adaptation of an adult version (Skinner, 1982); consists of ten yes/no questions related to hard drug use.

*Drug and Alcohol Problem Quick Screen* (Schwartz & Wirtz, 1990)

Respondent answers "yes," no," or "uncertain" to 30 brief items asking about (a) her/his own substance use, (b) parents' and friends' substance use, (c) participation in risky behavior, (d) conflict with parents, (e) misbehavior at school, (f) beliefs about alcohol and drug use, and (g) symptoms of depression. Individuals scoring six or more are seen as "high-risks." The items are listed in an article by the instruments developers (see Schwartz & Wirtz, 1990).

## Tools for Diagnosis and Treatment Planning

*Adolescent Assessment and Referral System* (National Institute on Drug Abuse; Rahdert, 1991)

A battery of screening measures and clinical guides for diagnosis and treatment referral. The screening battery, called the *Problem Oriented Screening Instrument for Teenagers*, consists of 139 yes/no items designed to measure functioning related to substance use (and nine other areas -- physical health, mental health, family relationships, peer relationships, educational status, vocational status, social skills, leisure and recreation, aggressive behavior/delinquency). A set of items designated as "red flags," including all substance use items, are seen as indicating the need for further assessment. That is, a yes response on any of these items designates the youngster at risk. Instrument and guides are available with a manual at no charge through the National Clearinghouse for Alcohol and Drug Information.

*Adolescent Chemical Health Inventory* (Renovex)

Consists of 122 items focusing on severity of direct and indirect substance use problems. Includes items to check on the degree that responses are influenced by a desire to be socially appropriate.

*Adolescent Diagnostic Interview* (Western Psychological Services; Winters & Henly, 1993)

This is part of a consortium developed assessment package called the *Minnesota Chemical Dependency Adolescent Assessment Profile*. It is a structured diagnostic interview covering symptoms indicating abuse or dependence as specified in the Diagnostic Statistical Manual of the American Psychiatric Association related to diagnosis of psychoactive substance use disorders. Explores use history for several drug categories and covers level of functioning and psychosocial stressors. Takes about 45-60 minutes. This is one of three instruments used for diagnosis and treatment planning judged by Leccese and Waldron (1994) as having the *best reliability and validity findings* as of their review.

*Adolescent Drug Diagnosis* (Friedman & Utada, 1989)

A 150-item structured interview -- modeled after an adult measure called the Addiction Severity Index (McLellan, Luborsky, Woody, & O'Brien, 1980). Besides substance use, the measure focuses on severity of problem and "need for treatment" related to medical, school, employment, social, family, psychological, and legal matters. Used in diagnosis and treatment planning (and for research). Takes about 45-60 minutes. Contact Belmont Research Center, 4081 Ford Road, Philadelphia, PA 19131. This is one of three instruments used for diagnosis and treatment planning judged by Leccese and Waldron (1994) as having the *best reliability and validity findings* as of their review.

*Drug Use Screening Inventory* (Tarter, 1990; Tarter & Hegedus, 1991)

Focuses on problems with substance use, physical and mental health, and psychosocial adjustment using 149 yes/no items written at a fifth grade reading level; takes approximately 20 minutes. No cut-off scores have been established. The items are listed in an article by Tarter (1990). This is one of two screening instruments judged by Leccese and Waldron (1994) as having the *best reliability and validity findings* as of their review.

*Perceived Benefit of Drinking & Drug Use Scales* (Petchers & Singer, 1987; Petchers, Singer, Angelotta, & Chow, 1988)

Consists of 10 items -- 5 parallel alcohol and drug statements about reasons people might use substances. Respondent chooses whether or not s/he agrees with each of five stated reasons. Those who agree with many of the "positive" stated reasons are seen as likely to be problem users, but no cut-off score is established. Items are available in Petchers et al. (1988).

*Personal Experience Screen Questionnaire* (Western Psychological Services; Winters, 1992)

This is part of a consortium developed assessment package called the *Minnesota Chemical Dependency Adolescent Assessment Profile*. This measure consists of 40 items focusing on psychosocial functioning, substance problem severity, and frequency and onset of use; includes items to detect social desirable responding. Takes about 10 minutes. No cut-off score established. This is one of two screening instruments judged by Leccese and Waldron (1994) as having the *best reliability and validity findings* as of their review.

*Substance Abuse Screening Test* (Slosson)

Designed to screen out students, ages 13-18 years and older, who are **unlikely** to have a substance abuse problem. Those not screened out are seen as appropriate "at risk" referrals. Consists of 30 self-report yes/no items; also includes an Observation Report to be filled out by an adult who is familiar with the student. Can be administered by any appropriately sanctioned and supervised adult; takes about 10 minutes. Available from Slosson Educational Publications, Inc., P.O. Box 280, East Aurora, NY 14052.

*Substance Abuse Subtle Screening Inventory Adolescent* (Miller, 1990)

Consists of 81 items and takes about 20 minutes. 55 true/false items are used as indirect measures (designed to appear unrelated to substance use); the rest ask about the frequency of occurrence of specific situations involving substance use. Available from the SASSI Institute, 4403 Trailridge Road, Bloomington, IN 47408.

*Adolescent Problem Severity Index* (Metzger, Kushner, & McLellan, 1991)

A semistructured interview also modeled after the Addiction Severity Index (McLellan, Luborsky, Woody, & O'Brien, 1980); can be administered by an interviewer or a computer. (Special training -- about six hours -- is recommended.) Besides substance use, treatment needs are assessed related to legal, family relationships, school and work, medical, psychosocial adjustment, and personal relationships. Both total number of risk factors in each area and severity are scored and combined into a composite indicating need for treatment. Takes approximately 45-60 min to complete. Contact David Metzger, Ph.D., Addiction Research Center, University of Pennsylvania, 3900 Chestnut Street, Philadelphia, PA 19115.

*Adolescent Self-Assessment Profile* (Wanberg, 1991)

Consists of 203-item multiple choice questions focusing on substance use and 5 other general areas of concern (family, mental health, peer influence, school problems, deviant behavior). These yield raw scores for 20 scales scores which can be converted to decile ranks defining degree of problem severity. Contact Kenneth W. Wanberg, Ph.D., Center for Alcohol/Drug Abuse Research and Evaluation, 5460 Ward Road, Suite 140, Arvada, CO 80002.

*Personal Experience Inventory* (Western Psychological Services; Winters & Henly, 1989)

This is part of a consortium developed assessment package called the *Minnesota Chemical Dependency Adolescent Assessment Profile*. Designed for treatment planning, this instrument consists of 276 items written at a fifth-grade reading level and focused on onset and frequency of drug use, severity of drug problem, personal risk factors, environmental risk factors, several other problem areas (e.g., physical and sexual abuse). Includes items to detect social desirable responding. Yields scores for five problem-severity scales: personal involvement, effects from drug use, social benefits of drug use, personal consequences of drug use, and polydrug use. Takes about 45-60 minutes. Can be administered by computer. This is one of three instruments used for diagnosis and treatment planning judged by Leccese and Waldron (1994) as having the *best reliability and validity findings* as of their review.

*Substance Involvement Instrument* (Aladar)

Part of an assessment package that includes sociodemographics and drug use history, this 60 item measure focuses on the extent of substance use involvement, with 20 items that are "behavioral indicators" designed to reflect the progressive nature of dependency. Contact Aladar in Lacy, WA.

*Teen-Addiction Severity Index* (Kaminer, Bukstein, & Tarter, 1991)

Adapted from the *Addiction Severity Index*, this measure yields seven subscales: chemical use, school status, employment-support status, family relationships, legal status, peer-social relationships, and psychiatric status. In each area, both the respondent and interviewer use a 5 point scale to indicate problem severity and need for treatment. Takes about 30-45 minutes and is to be administered only by trained personnel. Contact Y. Kaminer for more information.

## Something a Little Different

*Teen Health Advisor* (Paperny, Aono, Lehman, Hammar, & Risser, 1990)

This is a computer program designed to be a relatively nonthreatening way of eliciting information on high-risk behaviors and provide feedback in the form of advice or referral sources. It covers such areas as general health, communication skills, emotional issues, substance use, teen pregnancy, contraception, and sexually transmitted diseases. Paperny et al. (1990) suggest the approach is more effective in gathering sensitive information than a clinical questionnaire. Data from studies conducted in Hawaiian public schools are available from the first author. The computer program can be ordered from: Teen Health Computer, 2516 Pacific Heights Road, Honolulu, HI 96813.

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## SUICIDAL ASSESSMENT -- CHECKLIST*

Student's Name: _____ Date: _____ Interviewer: _____

(Suggested points to cover with student/parent)

### (1) *PAST ATTEMPTS, CURRENT PLANS, AND VIEW OF DEATH*

*Does the individual have frequent suicidal thoughts?* Y N

*Have there been suicide attempts by the student or significant others in his or her life?* Y N

*Does the student have a detailed, sophisticated plan?* Y N

*Has s/he made special arrangements to leave this world, such as giving away prized possessions?* Y N

*Does the student fantasize about suicide as a way to make others feel guilty or as a way to get to a happier afterlife?* Y N

### *(2) REACTIONS TO PRECIPITATING EVENTS*

*Is the student experiencing severe psychological distress?* Y N

*Have there been major changes in recent behavior along with negative feelings and thoughts?* Y N

(Such changes often are related to recent loss or threat of loss of significant others or of positive status and opportunity. They also may stem from sexual, physical, or substance abuse. Negative feelings and thoughts often are expressions of a sense of extreme loss, abandonment, failure, sadness, hopelessness, guilt, and sometimes inwardly directed anger.)

### (3) *PSYCHOSOCIAL SUPPORT*

*Is there a lack of a "significant other" to help the student survive?* Y N

*Does the student feel alienated?* Y N

### *(4) HISTORY OF RISK-TAKING BEHAVIOR*

*Does the student take life-threatening risks or display poor impulse control?* Y N

* Use this checklist as an exploratory guide with students about whom you are concerned. Because of the informal nature of this type assessment, it should not be filed as part of a student's regular school records.

## FOLLOW-THROUGH STEPS AFTER ASSESSING SUICIDAL RISK -- CHECKLIST

_____ (1) As part of the process of assessment, efforts will have been made to discuss the problem openly and nonjudgmentally with the student. (Keep in mind how seriously devalued a suicidal student feels. Thus, avoid saying anything demeaning or devaluing, while conveying empathy, warmth, and respect.) If the student has resisted talking about the matter, it is worth a further effort because the more the student shares, the better off one is in trying to engage the student in problem solving.

_____ (2) Explain to the student the importance of and your responsibility for breaking confidentiality in the case of suicidal risk. Explore whether the student would prefer taking the lead or at least be present during the process of informing parents and other concerned parties.

_____ (3) If not, be certain the student is in a supportive and understanding environment (not left alone/isolated) while you set about informing others and arranging for help.

_____ (4) Try to contact parents by phone to

a) inform about concern
b) gather additional information to assess risk
c) provide information about problem and available resources
d) offer help in connecting with appropriate resources

Note: If parents are uncooperative, it may be necessary to report child endangerment after taking the following steps.

_____ (5) If a student is considered to be in danger, only release her/him to the parent or someone who is equipped to provide help. In high risk cases, if parents are unavailable (or uncooperative) and no one else is available to help, it becomes necessary to contact local, public agencies (e.g., children's services, services for emergency hospitalization, local law enforcement). Agencies will want the following information:

*student's name/address/birthdate/social security number
*data indicating student is a danger to self (see Suicide Risk -- Checklist)
*stage of parent notification
*language spoken by parent/student
*health coverage plan if there is one
*where student is to be found

_____ (6) For nonhigh risks, if phone contacts with parents are a problem, information gathering and sharing can be done by mail.

_____ (7) Follow-up with student and parents to determine what steps have been taken to minimize risk.

_____ (8) Document all steps taken and outcomes.

_____ (9) Report child endangerment if necessary.

# A Crisis Screening Interview

Interviewer_____ Date_____

Note identified problem:

Is the student seeking help? Yes No

If not, what were the circumstances that brought the student to the interview?

---

Student's Name _____ Age _____ Birthdate _____

Sex: M F Grade _____ Current class _____

Ethnicity _____ Primary Language _____

We are concerned about how things are going for you. Our talk today will help us to discuss what's going O.K. and what's not going so well. If you want me to keep what we talk about secret, I will do so -- except for those things that I need to discuss with others in order to help you.

In answering, please provide as much details as you can. At times, I will ask you to tell me a bit more about your thoughts and feelings.

1. Where were you when the event occurred?
   (Directly at the site? nearby? out of the area?)

2. What did you see or hear about what happened?

3. How are you feeling now?

4. How well do you know those who were hurt or killed?

5. Has anything like this happened to you or any of your family before?

6. How do you think this will affect you in the days to come?
(How will your life be different now?)

7. How do you think this will affect your family in the days to come?

8. What bothers you the most about what happened?

9. Do you think anyone could have done something to prevent it? Yes No
Who?

| 10. Thinking back on what happened, | not at all | a little | more than a little | very |
|---|---|---|---|---|
| how angry do you feel about it? | 1 | 2 | 3 | 4 |
| how sad do you feel about it? | 1 | 2 | 3 | 4 |
| how guilty do you feel about it? | 1 | 2 | 3 | 4 |
| how scared do you feel? | 1 | 2 | 3 | 4 |

11. What changes have there been in your life or routine because of what happened?

12. What new problems have you experienced since the event?

13. What is your most pressing problem currently?

14. Do you think someone should be punished for what happened? Yes No
Who?

15. Is this a matter of getting even or seeking revenge? Yes No
Who should do the punishing?

16. What other information do you want regarding what happened?

17. Do you think it would help you to talk to someone about how you feel about what happened?
Yes No Who? How soon?

Is this something we should talk about now? Yes No What is it?

18. What do you usually do when you need help with a personal problem?

19. Which friends and who at home can you talk to about this?

20. What are you going to do when you leave school today?
If you are uncertain, let's talk about what you should do?

MH 527
Revised 6/9/93

# CHILD/YOUTH COMMUNITY FUNCTIONING EVALUATION

In each box designate: Resource = R, Strength = S, Need = N, and Not applicable = X.
For Special Problems, circle applicable response.
* One of these areas must indicate Need (N) to demonstrate Service Necessity.

## SUPPORT

### 1. Basic Support

- ☐ a. food
- ☐ b. clothing
- ☐* c. shelter: home, foster home, residential placement, semi-independent living, independent living
- ☐ d. access to transportation

### 2. Psychosocial Support

- ☐ a. supportive caretaker relationship with child
- ☐ b. caretaker involved with support or self-help group (as appropriate)
- ☐ c. caretaker involvement in counseling
- ☐ d. reunification counseling referral
- ☐ e. respite care
- ☐ f. client linkage w/special or other support group
- ☐* g. required to maintain current level of functioning
- ☐* h. required to obtain psychiatric treatment/care
- ☐ i. other _____

### 3. Financial Resources

- ☐ no need
- ☐ a. caretaker employment
- ☐ b. AFDC, SSI, SSA
- ☐ c. Medi-Cal, Medicare, insurance
- ☐ d. other _____

### 4. Linguistic/Cultural

- ☐ no need
- ☐ a. parent or child needs interpreter
- ☐ b. ESL class (parent)

## HEALTH

### 1. Physical Health

- ☐ a. yearly physical exam Date of last exam_____
- ☐ b. yearly dental exam Date of last exam_____
- ☐ c. compliance with prescribed meds
- ☐ d. required immunizations
- ☐ e. physical therapy
- ☐ f. nutrition
- ☐ g. other _____

### 2. Physical/Developmental Disabilities

- ☐ no need
- ☐ a. ambulatory support
- ☐ b. visual support: glasses
- ☐ c. auditory support: hearing aids, special phone
- ☐ d. speech evaluation/therapy
- ☐ e. Regional Center
- ☐ f. other _____

### 3. Protective Services

- ☐ no need
- ☐ a. protection from abuse
- ☐ b. protection from neglect
- ☐ c. protection from self
- ☐ d. conservatorship

## COMMUNITY/SCHOOL

### 1. Advocacy Needs

- ☐ a. school: Special Education services
- ☐ b. assessment: AB3632 or SB370
- ☐ c. legal and civil rights
- ☐ d. coordination of services between other human service agencies
- ☐ e. assistance in obtaining needed services
- ☐ f. other _____

### 2. School/Vocational

- ☐ no need
- ☐ a. school functioning
- ☐ b. school registration
- ☐ c. job training (age appropriate)
- ☐ d. job placement
- ☐ e. transitional/supported employment
- ☐ f. sheltered workshop
- ☐ g. occupational therapy (SCROC)
- ☐ h. social/recreational involvement skills (age appropriate)
- ☐ i. other _____

## SPECIAL PROBLEMS

- ☐ a. potential for violence
- ☐ b. suicidal
- ☐ c. substance abuse
- ☐ d. gangs
- ☐ e. none of the above
- ☐ f. other_____

Describe community functioning impairment: _____

_____

_____

_____

_____ _____

Signature & Discipline Date



Name: MIS#:

Agency: 62

**Los Angeles County - Department of Mental Health**

## *We hope you found this to be a useful resource. There's more where this came from!*

This packet has been specially prepared by our Clearinghouse. Other Introductory Packets and materials are available. Resources in the Clearinghouse are organized around the following categories.

*CLEARINGHOUSE CATEGORIES*

### Systemic Concerns

- Policy issues related to mental health in schools
- Mechanisms and procedures for program/service coordination
  - Collaborative Teams
  - School-community service linkages
  - Cross disciplinary training and interprofessional education
- Comprehensive, integrated programmatic approaches (as contrasted with fragmented, categorical, specialist oriented services)
- Issues related to working in rural, urban, and suburban areas
- Restructuring school support service
  - Systemic change strategies
  - Involving stakeholders in decisions
  - Staffing patterns
  - Financing
  - Evaluation, Quality Assurance
  - Legal Issues
- Professional standards
- Other System Topics: _____

### Programs and Process Concerns:

- Clustering activities into a cohesive, programmatic approach
  - Support for transitions
  - Mental health education to enhance healthy development & prevent problems
  - Parent/home involvement
  - Enhancing classrooms to reduce referrals (including prereferral interventions)
  - Use of volunteers/trainees
  - Outreach to community
  - Crisis response
  - Crisis and violence prevention (including safe schools)
- Staff capacity building & support
  - Cultural competence
  - Minimizing burnout
- Interventions for student and family assistance
  - Screening/Assessment
  - Enhancing triage & ref. processes
  - Least Intervention Needed
  - Short-term student counseling
  - Family counseling and support
  - Case monitoring/management
  - Confidentiality
  - Record keeping and reporting
  - School-based Clinics
- Other program and process concerns: _____

### Psychosocial Problems

- Drug/alcoh. abuse
- Depression/suicide
- Grief
- Dropout prevention
- Learning Problems
- Pregnancy prevention/support
- Eating problems (anorexia, bulim.)
- Physical/Sexual Abuse
- Neglect
- Gangs
- Self-esteem
- Relationship problems
- Anxiety
- Disabilities
- Gender and sexuality
- Reactions to chronic illness
- School Adjustment (including newcomer acculturation)
- Other Psychosocial problems: _____

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